

HOPE Waiver Amendment Summary of Public Comments

Public Comment Period: May 1st, 2023 - May 30th, 2023

Comment		State's Response
1	Two commenters noted that while nurses are best equipped to provide ADL assessments, LTSS Specialists with a social work background can also provide value and inquired about the rationale for the proposal to update the process by which level of care determinations and redeterminations are made.	<p>The State agrees that the LTSS Specialist adds value throughout the waiver process. The LTSS Specialist utilizes his/her social work expertise during the assessment and care planning process to ensure the best outcome for the consumer. Additionally, the LTSS Specialist discusses all options for service provision with the consumer during the care planning process. Due to the Specialist playing the primary role in these functions, we do not believe it is necessary to duplicate their efforts during the level of care determination, which is better suited solely for a nurse who can make an impartial decision based on the assessment responses.</p> <p>The level of care is based on the functional needs of a consumer, which can be determined by the nurse, based on the assessment completed by the LTSS Specialist. Eliminating the Specialist from the MRT role will reduce the time needed to process level of care determinations and will allow the LTSS Specialist more time for additional assessments and other case management functions, which is where their social work background is the most valuable.</p>
2	Three commenters inquired about the estimated 23 individuals who could be impacted by the level of care updates and whether there will be a gap in services.	If, when completing a reassessment for HOPE Waiver eligibility, it is determined that a consumer no longer meets Level of Care for the waiver, the LTSS Specialist will offer the consumer Options Planning and assist the consumer in transitioning to other available services and supports provided through the Division of Long Term Services and Supports, SD Medicaid, other DHS waivers natural supports, and/or community organizations.
3	One commenter asked whether the estimated 23 impacted individuals are 65 years of age and older or if they are 18 years and older with a qualifying disability.	The State did not analyze affected individuals based on their age range when reviewing the impact of the level of care changes. Both subsets of individuals are potentially eligible for the HOPE Waiver and may also be eligible for CARE or IMPACT.

4	Two commenters inquired about the estimated cost savings of the level of care changes.	LTSS did not complete a cost savings analysis for this proposed amendment, because cost savings was not the reason for the update. The purpose of the amendment is to best support individuals who are at risk for nursing facility placement. Based on discussions and collaboration with the Division of Behavioral Health and SD Medicaid, it was determined that individuals receiving CARE or IMPACT services are more at risk for nursing facility placement than those who receive weekly counseling.
5	One commenter asked if individuals on the HOPE Waiver will continue to receive person centered planning by an LTSS Specialist if the LTSS Specialist is removed from the Medical Review Team.	Yes, the Specialist who was on the MRT is not the same Specialist that completes the care planning process for the individual. The person centered care planning process will remain the same.
6	One commenter inquired about whether the input of the LTSS Specialist assessing the individual is considered when the Nurse Consultant is determining Level of Care.	Yes, the LTSS Specialist will continue to assess the individual by completing the Home Care Assessment. The nurse will review the assessment completed by the LTSS Specialist and make their level of care determination based on the responses to the Home Care Assessment.
7	One commenter asked about the options a consumer has to appeal the Nurse Consultant's level of care determination.	Yes, there is an appeal process for all HOPE Waiver decisions. The LTSS Specialist will continue to provide input throughout the assessment process.
8	One commenter asked whether the definition of mental illness or treating mental illness will impact someone being treated for dementia.	No, it is not anticipated that the level of care changes will impact individuals living with dementia, as they do not typically meet level of care for the HOPE Waiver due to the receipt of weekly mental health services.
9	One commenter asked what role the assisted living plays in assisting the nurse that is determining the level of care for a consumer.	The proposed changes are not anticipated to affect the role that the assisted living plays. The assisted living staff will continue to participate in the care planning process with the LTSS Specialist to ensure that all information in the assessment that will be reviewed by the Nurse Consultant is accurate.

10	One commenter asked what the process is for Assisted Livings to appeal a level of care determination if they can see on a clinical side that a person should be a higher level of care.	The State clarified the difference between the level of care and the rate tier for an individual residing in an Assisted Living setting. If the Assisted Living provider disagrees with the rate tier, they should contact the LTSS Specialist to report any significant changes. It is the responsibility of the consumer or the consumer's decision making authority to initiate all appeals/fair hearings.
11	One commenter inquired as to whether the nursing facility level of care is the same for someone on the HOPE Waiver as it is for someone residing in a nursing facility.	<p>Yes, however, individuals in a nursing facility are not eligible for CARE and IMPACT services, so the "Continuing mental health services provided through the CARE or IMPACT program" update will not be applied to individuals in a nursing facility. The updated criteria more accurately reflects individuals at risk for nursing facility placement.</p> <p>The State updated the language in the proposed Amendment for clarification purposes to the following:</p> <p>"(3) Skilled therapeutic services including physical therapy, occupational therapy, or speech/language therapy in any combination that is provided at least once a week; or continuing mental health services provided through the CARE or IMPACT program according to ARSD Chapter 67:62:13 and a need for waiver services to prevent nursing facility placement as documented by a mental health professional."</p>
12	One commenter inquired about the difference between "skilled mental health services" and "continuing mental health services provided through CARE and IMPACT".	There is not a set definition for "skilled mental health services", which contributed to the decision to make language updates in this amendment. Currently, the eligibility requirement is that individuals receive weekly mental health therapy from a licensed therapist. LTSS procures a signed Certificate of Medical Necessity to ensure that the services are being provided on a weekly basis. Moving forward, LTSS will be requiring that individuals receive "continuing mental health services provided through CARE or IMPACT", which will still be verified through a Certificate of Medical Necessity.
13	One commenter stated that South Dakota's APRN's have full practice authority in South Dakota, but the Waiver references physicians with regard to direct orders for continuing direct care services. They inquired as to	Yes, APRNs can direct these orders under the Waiver. LTSS requires that the physicians' orders come from the individual's primary care physician, whomever that may be.

	whether APRNs can direct these orders under the Waiver.	
14	One commenter asked if the change is being made to defining “continuing mental health services provided through CARE and IMPACT”, will there be a change to the ability to provide any mental health services electronically under the Waiver? They stated that IMPACT appears to restrict services to face to face for reimbursement and inquired whether the HOPE Waiver intends to limit mental health services to face to face only.	Mental health services are not approved HOPE waiver. The proposed amendment will ensure that individuals who require mental health services are receiving the care they require through the CARE or IMPACT program, with the HOPE Waiver providing supplemental support for things not related to mental health. CARE and IMPACT services can be provided both face to face and through telehealth.